

Massachusetts Department of Public Health (MDPH)
Vaccine Management Unit
Phone: 617-983-6828 Fax: 617-983-6924

Vaccine Return Request Form

Date: _____ Site Name: _____ PIN: _____

Street: _____ City: _____ Phone: (____) _____

Contact: _____ Hours Open: _____ Fax: (____) _____

Follow these procedures:

1. Return only State supplied vaccine. You are responsible for privately purchased
2. Record all information in the table below.
3. Fax form to 617-983-6924 for return authorization and arrangements for pick up.
4. Once return authorization is approved, pack expired/damaged vaccine and an approved copy of this form into container.

NDC Number*	Vaccine	Man	Lot Number	Exp. Date	No. Doses	Reason**

*NDC number is the National Drug Code which can be found on each vial of vaccine

**Return reason codes:

1. expired
2. natural disaster/power outage
3. refrigerator/freezer too warm
4. refrigerator too cold
5. failure to store properly upon receipt
6. vaccine spoiled in transit
7. mechanical failure
8. spoiled
9. other _____

Credits received by MDPH will be used to purchase additional vaccine to be distributed to providers in Massachusetts.

Return Authorization Status (MDPH use only):

Approved by: _____ Date _____

Pick up date will be 3-5 business days from approval date